

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593049

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1			1
3		2		1		1
4		①		1		1
5		①		1		1
6		①		1		1
7		①		1		1
8	1		1		1	
9	1		1			1
10		2		1		1
11		①		1		1
12		①		1		1
13		①		1		1
14		①		1		1
15	1		1		1	
16	1		1			1
17		2		1		1
18		①		1		1
19		①		1		1
20		①		1		1
21		①		1		1
22				1		1
23				1		1
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TOTAL IND.	6	↓	6	↓	3	↓
TOTAL DEP.	18	←	30	←	33	←
TOTAL CLAIMS	24		36		36	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						